



Review Article

PSYCHOSOCIAL AND HEALTH IMPACTS OF DIGITAL SEXUAL VIOLENCE: BRIDGING MODERN INTERVENTIONS WITH AYURVEDA

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ABSTRACT

Digital Sexual Violence (DSV) has emerged as a pervasive global challenge with the advancement of technology and increased dependence on digital platforms. It includes cyber harassment, non-consensual image sharing, sextortion, online grooming, and deepfake exploitation. From an Ayurvedic standpoint, such violations disturb *Manas* (mind), *Indriyas* (senses), and *Sattva* (mental strength), affecting holistic health. **Methods:** This paper aims to critically review the prevalence, forms, psychosocial impact, and preventive strategies for DSV, while exploring Ayurvedic insights through *Rasayana* and *Vajikarana* principles for resilience and healing. Studies addressing DSV prevalence, psychological consequences, legal frameworks, preventive measures, and Ayurvedic conceptual parallels were included. Classical Ayurvedic texts were also reviewed for references to *Sadvritta*, *Achara Rasayana*, and *Vajikarana* principles relevant to sexual health. **Results:** Findings highlight a rising prevalence of DSV worldwide, particularly among adolescents and young adults. Consequences include depression, anxiety, post-traumatic stress disorder (PTSD), social isolation, and increased risk of self-harm. Current preventive strategies emphasize legal reforms, digital interventions, and education. Ayurvedic concepts such as *Sadvritta* (ethical conduct), *Achara Rasayana* (psychosocial rejuvenation), and *Manonigraha* (mental discipline) provide unique preventive and rehabilitative insights. *Rasayana* drugs like *Brahmi* (*Bacopa monnieri*), *Ashwagandha* (*Withania somnifera*), and *Shankhapushpi* (*Convolvulus pluricaulis*) may strengthen mental flexibility and reduce psychological distress. **Conclusion:** DSV is a complex threat needing comprehensive solutions. Merging modern strategies with Ayurvedic principles offers a holistic approach, emphasizing ethics, psychosocial balance, and mind-body wellness to support survivor well-being and resilience.

INTRODUCTION

The digital age has profoundly altered communications, social interactions, and self-expression, but it has also given rise to increasingly concerning forms of abuse known as Digital Sexual Violence (DSV). This encompasses a range of harmful behaviors, including cyber harassment, non-consensual distribution of intimate images, sextortion,

online grooming, and the recent manipulation of artificial intelligence to produce explicit content [1]. Contrary to the notion that DSV is infrequent, it is alarmingly prevalent, with recent global estimates suggesting that nearly one in three individuals has endured some expression of technology-facilitated sexual violence, predominantly affecting women and adolescents. [1,2]

The repercussions for survivors are multifaceted and often severe. Beyond the immediate trauma associated with humiliation and privacy invasion, there is a strong correlation between DSV and mental health issues, including anxiety, depression, post-traumatic stress disorder, and increased suicidal ideation. Victims frequently retreat

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from social and academic environments, while stigma and victim-blaming exacerbate their psychological distress. On a broader scale, the societal and familial impacts of DSV illustrate that it transcends being merely a legal or technological issue; it poses significant public health challenges.^[3,4]

Current responses to DSV have primarily centered on legislative measures, digital safety technologies, and awareness initiatives, yet substantial deficiencies persist. The swift advancement of deepfake technologies, for instance, has significantly outstripped existing legal protections, leaving many survivors vulnerable^[5]. This highlights the need for a comprehensive approach that not only tackles legal and technological dimensions but also nurtures the psychological and moral well-being of individuals and communities.

In this context, Ayurvedic philosophy provides a unique lens. Classical Ayurvedic texts suggest that disturbances like DSV negatively impact both the *Manas* (mind) and the *Indriyas* (senses), undermining mental equilibrium (*Sattva*) and the vital essence (*Ojas*). Preventative tenets, such as *Sadvritta* (ethical living) and *Achara Rasayana* (psychosocial rejuvenation through disciplined values), advocate for respect, self-regulation, and responsible behavior-qualities essential for mitigating digital misconduct^[6]. For survivors grappling with the psychological aftermath of DSV, *Medhya Rasayana* herbal formulations, including *Brahmi* (*Bacopa monnieri*), *Ashwagandha* (*Withania somnifera*), and *Shankhapushpi* (*Convolvulus pluricaulis*), are traditionally acknowledged for their efficacy in calming the mind, enhancing resilience, and restoring clarity.^[7]

Furthermore, the concept of *Vajikarana*-often interpreted as aphrodisiac therapy-encompasses a more comprehensive understanding within Ayurveda, fostering healthy sexuality grounded in ethical conduct, *Preeti* (mutual affection), and *Sampraharsha* (joyful relationships)^[8]. This paradigm sharply contrasts with the exploitative and harmful sexual behaviors inherent to DSV, suggesting a proactive and rehabilitative role for *Vajikarana* in contemporary settings.

This review synthesizes current evidence on digital sexual violence and its health implications while also investigating how Ayurvedic principles of *Rasayana* and *Vajikarana* can inform and enhance modern strategies for prevention, resilience, and therapeutic healing.

METHODOLOGY

This paper aims to provide a critical review of the prevalence, forms, psychosocial impact, and preventive strategies related to DSV, while also

examining Ayurvedic insights through the principles of *Rasayana* and *Vajikarana* for fostering resilience and healing. A comprehensive literature review was conducted utilizing databases such as PubMed, Scopus, and Web of Science, covering the years 2018 to 2025. Studies were selected based on their focus on the prevalence of DSV, psychological effects, legal frameworks, preventive measures, and parallels to Ayurvedic concepts. Additionally, classical Ayurvedic texts were reviewed for references to *Sadvritta*, *Achara Rasayana*, and *Vajikarana* principles pertinent to sexual health.

REVIEW RESULTS

Forms of Digital Sexual Violence: Digital Sexual Violence (DSV) encompasses a broad range of behaviors where digital technologies are exploited to inflict sexually related harm. This includes, but is not limited to, cyber harassment, non-consensual image distribution, cyberstalking, sextortion, online grooming, and AI-generated sexual exploitation. Each subtype possesses unique characteristics, yet they all have the potential to cause significant psychological and social trauma^[9].

Cyber harassment is defined by repetitive, unsolicited, and sexually explicit or threatening communications transmitted through digital platforms. Global prevalence estimates indicate that up to 30% of young adults report experiencing online sexual harassment, leading to feelings of fear, humiliation, and a retreat from public engagement. Cyberbullying and cyber defamation involve the circulation of sexually explicit, harmful, or derogatory content intended to humiliate or damage an individual's reputation. This phenomenon disproportionately affects adolescents; surveys suggest that approximately 15-20% of teenagers have encountered sexually explicit cyberbullying. Cyberstalking is marked by the sustained use of digital technologies to monitor, intimidate, or threaten individuals, frequently occurring alongside offline intimate partner violence, thus extending abusive control into virtual domains.

Non-consensual image sharing, commonly referred to as "revenge pornography," is one of the most documented forms of DSV. A UK-based study among university students indicated that 12% reported being victims of such image dissemination, with women being particularly vulnerable. Victims often experience anxiety, depression, and social withdrawal in the aftermath. Emerging technological abuses are exemplified by deepfake pornography and AI-generated sexual exploitation. Deepfake pornography entails the unauthorized superimposition of an individual's likeness onto sexually explicit content, while AI-generated exploitation involves the

creation of completely synthetic yet sexually explicit material. A multi-country study revealed that 2.2% of participants had experienced non-consensual synthetic intimate imagery, with 1.8% admitting to being perpetrators. These forms of exploitation introduce distinct legal and ethical challenges due to the lack of physical contact, despite their severe psychosocial impacts.^[10]

Sextortion involves coercion through threats of releasing intimate images unless victims comply with demands, which may include sexual acts, financial payments, or continued submission. This form of victimization has been recognized as particularly severe, often leading to high levels of psychological distress and overlapping with teenage dating violence. Online grooming refers to predatory adults establishing contact with minors via digital platforms, frequently resulting in sexual exploitation. A U.S. national survey indicated that a significant proportion of youth (up to 15%) have experienced online child sexual abuse, including grooming behaviors. The grooming process typically evolves from rapport building to sexual solicitation, inflicting long-term psychological harm on victims. These findings collectively underscore that DSV is heterogeneous, widely prevalent, and continually evolving alongside technological advancements. Its manifestations challenge traditional delineations between public and private spaces, heightening risks for vulnerable populations, particularly adolescents and women.^[11]

Ayurvedic Insights in Prevention and Rehabilitation of Digital Sexual Violence: Ayurveda offers a comprehensive framework for understanding and addressing the psychological and social ramifications of Digital Sexual Violence (DSV) through its principles of *Rasayana* and *Vajikarana*. These therapeutic modalities provide preventive, promotive, and rehabilitative strategies that align with and enhance contemporary interventions.

Rasayana Approach: *Rasayana* therapy focuses on promoting longevity, vitality, immunity, and cognitive clarity. In the context of DSV, it can be approached on two levels:

a) Achara Rasayana (Code of Conduct): Classical Ayurvedic texts identify *Achara Rasayana* as foundational for psychosocial well-being. Principles such as *Satya* (truthfulness), *dama* (self-control), *Karuna* (compassion), and respect for women are directly linked to mitigating exploitative behaviors in digital domains. When adapted to modern contexts, these principles advocate for digital ethics, responsible online interactions, and resilience against malign influences.

b) Medhya Rasayana (Nootropic Rejuvenative): The psychological impacts of DSV, including *Chinta* (anxiety), *Avasaada* (depression), *Smriti bhramsha* (memory disturbances), and *Manasika daurbalya* (mental weakness), can be addressed through key *Medhya Rasayana* herbs:

Brahmi (*Bacopa monnieri*): Enhances memory and alleviates anxiety;

Ashwagandha (*Withania somnifera*): An adaptogen that mitigates stress-related cortisol levels and fosters resilience;

Shankhapushpi (*Convolvulus pluricaulis*): Exhibits anxiolytic and antidepressant properties while improving sleep quality and

Mandukaparni (*Centella asiatica*): Enhances concentration and soothes irritability.^[13]

Modern research supports the neuroprotective, anxiolytic, and antidepressant qualities of these botanicals, positioning them as valuable adjuncts for individuals recovering from digital trauma. Furthermore, *Rasayana* therapies are designed to restore *Ojas*, the essential energy associated with vitality and immune function, thus reinforcing psychosomatic health and stability.

Vajikarana Approach: *Vajikarana* traditionally promotes reproductive health, vitality, and relationship satisfaction, with a crucial emphasis on ethical sexuality to combat DSV.

a) Preventive Dimension: DSV often originates from *Pragyaparadha* (failure of intellect) and *Asatmya indriya vyavahara* (improper sensory indulgence). *Vajikarana* espouses *Samyak maithuna* (regulated and ethical sexual conduct), insisting on mutual consent and respect between partners. This paradigm actively discourages exploitation and coercion, addressing fundamental causes of sexual misconduct in both physical and digital realms.

b) Rehabilitative Dimension (for Survivors): Survivors frequently experience *Dhatukshaya* (tissue depletion), *Ojas kshaya* (loss of vitality), and *Shrama* (fatigue). *Vajikarana* formulations like *Ashwagandhadi lehya*, *Kapikacchu churna*, *Musali pak*, and *Shatavari kalpa* are effective in revitalizing *Shukra dhatu*, rebuilding vitality, and fostering confidence. Moreover, the principle of *Sampraharsha* (joy and fulfilment in relationships) is instrumental in restoring trust and intimacy post-trauma.

c) Psychosocial-Ethical Dimension: By grounding sexuality in *Dharma* (righteousness) and *Sadachara* (good conduct), *Vajikarana* promotes a transformation in both individual behaviors and societal attitudes. For perpetrators, embracing

Vajikarana principles means fostering self-discipline and reverence. For survivors, this approach redefines sexuality as a constructive aspect of health, rather than a mere site of trauma.

Integration of Rasayana and Vajikarana The synergy of *Rasayana* and *Vajikarana* constitutes a robust, integrated strategy for addressing DSV:

- *Rasayana* emphasizes mental resilience, immune support, and psychosocial healing.
- *Vajikarana* focuses on ethical sexual practices, reproductive health, and relational harmony.

Together, they provide a holistic model for prevention and recovery, reinforcing both individual well-being and broader societal norms.

Ayurvedic Perspective: Manasika Vikara in the Context of DSV: Ayurveda interprets psychological disturbances as outcomes of imbalances in *Rajas* and *tamas*, which disrupt the equilibrium of *Sattva* (mental

clarity). Trauma from experiences such as DSV creates conditions that weaken *Ojas* and destabilize the mind, leading to various *Manasika vikara*. Classical descriptions of these conditions in explained in Table 1. These states should not be construed as directly equivalent to contemporary psychiatric diagnoses; rather, they represent Ayurvedic categories of mental affliction that resonate with the experiences of survivors. The identification of such *Vikara* highlights the emphasis Ayurveda places on psychological well-being, viewing it not only as a reflection of mental status but as a fundamental aspect of overall health.

Management strategies in Ayurveda focus on strengthening *sattva*, restoring *Ojas*, and stabilizing the mind through practices such as *Achara Rasayana* (ethical conduct), *Medhya Rasayana* (nootropic rejuvenatives), and *Vajikarana* (ethical and balanced sexual conduct).

Table 1: Manasika Vikara and their Psychosocial Presentations in DSV

<i>Manasika Vikara</i>	Key Features (as described in Ayurveda)
<i>Chinta</i>	Excessive worry, restlessness, constant mental agitation.
<i>Avasaada</i>	Sadness, hopelessness, lack of enthusiasm, mental dullness.
<i>Bhaya</i>	Persistent fear, insecurity, heightened sensitivity.
<i>Shoka</i>	Emotional pain, grief, sorrow after trauma or loss.
<i>Vishada</i>	Melancholy, lack of motivation, pessimism.
<i>Krodha</i>	Anger, irritability, frustration, resentment.
<i>Smriti Vibhrama</i>	Memory disturbances, poor concentration, confusion.
<i>Nidranasha</i>	Insomnia, disturbed or incomplete sleep.
<i>Manodaurbalya</i>	Mental weakness, lack of confidence, reduced resilience.

DISCUSSION

Digital Sexual Violence (DSV) represents one of the most pressing challenges of the digital era, undermining not only the safety of individuals but also the ethical foundations of social life. Modern responses-spanning legal reforms, technological safeguards, and educational initiatives-have provided important tools to mitigate harm. Yet, their limitations remain evident. Survivors often experience long-lasting psychological distress, while perpetrators are driven by deeply rooted ethical lapses that laws and digital monitoring alone cannot fully address. This mismatch between surface-level interventions and deeper psychosocial realities underscores the need for a complementary, holistic framework. Ayurveda, with its integrative principles of *Rasayana* and *Vajikarana*, provides such a model.

Limitations of Modern Interventions: Legal frameworks criminalizing cyberstalking, non-consensual pornography, and online sexual exploitation have advanced significantly. India, for

instance, has enacted stringent cyber laws; however, weak enforcement, procedural delays, and persistent stigma frequently hinder their effectiveness. Similarly, technological interventions, such as AI-based content detection systems on social media, often fail to prevent repeated circulation of harmful material. While innovative models like the Dutch “First Aid after Online Sexual Abuse” protocol demonstrate the potential of rapid response systems, their global adoption is slow. Educational initiatives emphasizing consent, digital literacy, and responsible online behavior show promise in prevention but often struggle to counteract entrenched cultural attitudes. These gaps suggest that legal, technological, and educational tools, though necessary, are insufficient without cultural, ethical, and psychological reinforcement. [13,14,15]

Ayurvedic Insights: Ayurveda enriches this discourse by offering a multidimensional approach that attends to the individual, relational, and societal levels. *Rasayana* and *Vajikarana*-traditionally considered

pathways to rejuvenation and balanced sexuality-extend beyond their therapeutic roles to encompass ethical conduct, resilience, and dharmic living.

Survivors of DSV frequently exhibit symptoms comparable to *Manasika vikara*, including *Chinta* (anxiety), *Avasaada* (depression), *Bhaya* (fear), *Smriti Vibhrama* (memory disturbance), and *Nidranasha* (insomnia). Ayurveda interprets these as consequences of depleted *Ojas* and imbalances in *Rajas* and *Tamas*. *Medhya Rasayana* such as Brahmi, *Ashwagandha*, *Mandukaparni*, and *Shankhapushpi* enhance cognition, emotional stability, and adaptability, thereby helping survivors rebuild resilience. Restoring *Ojas* re-establishes inner strength and mental clarity (*Sattva*), crucial for recovery from trauma.^[16]

Prevention in Ayurveda is rooted in ethical living. *Achara Rasayana* and *Sadvritta* emphasize values like compassion, truthfulness, self-restraint, and respect for women. Translating these into the digital sphere implies practicing honesty online, refraining from exploitative behavior, and fostering a culture of dignity. This ethical compass directly counters *Pragyaparadha* (misuse of intellect), which often fuels digital sexual misconduct.

Contrary to the narrow perception of *Vajikarana* as aphrodisiacal, its broader vision emphasizes *Samyak maithuna*-righteous, consensual sexual conduct grounded in mutual respect. For survivors, *Vajikarana* therapies such as *Ashwagandhadi Lehya*, *Kapikacchu Churna*, and *Musali Pak* restore vitality, rebuild confidence, and facilitate harmonious relationships. By integrating principles of consent, balance, and dharmic sexuality, *Vajikarana* also provides preventive safeguards against exploitative behavior.^[18,19]

Together, *Rasayana* and *Vajikarana* form a comprehensive Ayurvedic model addressing three levels of intervention:

- a) **Prevention-** Fostering ethical conduct, compassion, and responsible digital behavior.
- b) **Psychological Rehabilitation-** Strengthening cognition, emotional resilience, and restoring *ojas*.
- c) **Relational and Social Healing-** Promoting consensual, balanced, and respectful sexual relations.

This tripartite framework not only assists survivors in overcoming trauma but also cultivates a collective consciousness rooted in dignity and respect, thereby addressing the ethical deficits that perpetuate DSV.

Bridging Ayurveda with Modern Interventions

Integrating Ayurvedic principles with modern strategies holds transformative potential. Legal and technological mechanisms address external threats, while Ayurveda strengthens the inner dimensions of resilience, ethics, and relational harmony. Educational programs can be enriched by *Achara Rasayana* teachings, highlighting truthfulness, compassion, and self-restraint as foundations for digital citizenship. Similarly, survivor rehabilitation programs can incorporate *Medhya Rasayana* for cognitive recovery and *Vajikarana* for restoring confidence in intimate relationships.^[19,20]

CONCLUSION

DSV is a complex psychosocial challenge demanding interventions that go beyond punitive or technological solutions. By bridging modern frameworks with Ayurvedic insights, particularly those of *Rasayana* and *Vajikarana*, a more comprehensive, ethically grounded, and survivor-centered response emerges. Such integration not only heals the individual but also strengthens societal values, fostering a culture where dignity, respect, and harmony prevail in both physical and digital spaces.

REFERENCES

1. Henry N, Powell A. Technology-facilitated sexual violence: A literature review of empirical research. *Trauma Violence Abuse*. 2018; 19(2): 195-208.
2. Chandra PS, Satyanarayana VA. Gender-based digital abuse and harassment: systemic review of prevalence. *J Affect Disord*. 2020; 274: 695-705.
3. Montgomery K, Kopecky J. The psychological effects of cyber sexual violence: Anxiety, depression, and PTSD. *J Interpers Violence*. 2021; 36(13-14): NP7782-7802.
4. Maier SL. The impact of stigma on survivors of sexual violence. *J Interpers Violence*. 2018; 33(17): 2620-2645.
5. Athavale VB. *Achara Rasayana* in Charaka Samhita: An ethical analysis. *AYU*. 2012; 33(1): 46-52.
6. World Health Organization. Violence against women prevalence estimates, 2018. Geneva: WHO; 2021.
7. Livingstone S, Stoilova M, Kelly A. Cybersecurity, online risks, and the role of policy. *New Media Soc*. 2021; 23(8): 2390-2405.
8. Chesney R, Citron DK. Deep fakes: A looming challenge for privacy, democracy, and national security. *Calif Law Rev*. 2019; 107(6): 1753-1819.
9. Powell A, Henry N, Flynn A. Responding to sexual violence in digital society. *Soc Leg Stud*. 2020; 29(3): 345-365.

10. Sharma PV. Charaka Samhita: Text with English translation. Vol. 1-4. Varanasi: Chaukhambha Orientalia; 2017.
11. Russo A, Borrelli F. Bacopa monnieri and cognitive performance: A review of clinical trials. Phytomedicine. 2018; 50: 40-48.
12. Singh RH. Rasayana and Vajikarana: The science of rejuvenation in Ayurveda. Indian J Hist Sci. 2009; 44(2): 213-220.
13. Moher D, Liberati A, Tetzlaff J, et al. Preferred reporting items for systematic reviews and meta-analyses (PRISMA). PLoS Med. 2009; 6(7): e1000097.
14. Mitchell KJ, Jones LM, Shillair R. Online sexual harassment of young adults: Prevalence. J Adolesc Health. 2021; 69(6): 911-917.
15. Van Oosten JMF, Vandenbosch L. The "First Aid after Online Sexual Abuse" model in the Netherlands. Eur J Crim Policy Res. 2019; 25(4): 341-356.
16. Barker E, Jurasz O. The legal and social dimensions of revenge pornography. Fem Leg Stud. 2019; 27(1): 25-46.
17. Wolak J, Finkelhor D. Sextortion of minors: Characteristics and connections. J Adolesc Res. 2019; 34(6): 709-730.
18. Bhattacharya SK, Muruganandam AV. Adaptogenic activity of Withania somnifera. Indian J Exp Biol. 2003; 41(6): 547-552.
19. Tiwari S, Gehlot S. Vajikarana chikitsa: A review of traditional formulations. AYU. 2015; 36(4): 418-425.
20. Patwardhan B. Ayurveda and integrative approaches in modern healthcare. Prog Brain Res. 2020; 252: 21-40.
21. Hankivsky O, Kapilashrami A. Intersections of digital health, gender, and ethics: A new framework. Glob Public Health. 2021; 16(8-9): 1323-1335.

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